

| NAME OF AGENCY | PRECEDENCE | SECURITY CLASSIFICATION | | | |
|---|---|-------------------------|--|--|--|
| | ACTION: | | | | |
| DHEW, PHS, HSMHA, RMPS | INFO: | | | | |
| ACCOUNTING CLASSIFICATION | DATE PREPARED | TYPE OF MESSAGE | | | |
| 3-3971015 7530321 23.6J 4/5/73 | | | | | |
| FOR INFORMATION CALL | PHONE NUMBER | SINGLE BOOK | | | |
| Cleveland R. Chambliss THIS SPACE FOR USE OF COMMUNICATION UNIT | 31580 | MULTIPLE-ADDRESS | | | |
| THE TOR OUL OF COMMUNICATION UNIT | | | | | |
| MESSAGE TO BE TRANSMITT | ED (Use double spacing and all capit | al letters) | | | |
| IO: | TO: MR. KENNETH E. 1902 FIRST NATION BUILDING LINCOLN, NEBRAS | NEFF ONAL BANK | | | |
| MR. C. RAY MADDOX PROGRAM DIRECTOR, RMP OFFICE OF THE REGIONAL HEALTH DIRECTOR DHEW REGION VII FEDERAL OFFICE BUILDING 601 EAST 12th STREET, ROOM 410 KANSAS CITY, MISSOURI | | | | | |
| THIS IS TO ADVISE YOU OF THE DECISIONS | | i | | | |
| THE PHASE-OUT PLANS SUBMITTED ON MARCH | | REGIONAL | | | |
| MEDICAL PROGRAM. THE DECISIONS ARE AS | FOLLOWS: | | | | |
| 1. THE TERMINATION DATE FOR THE N | EBRASKA REGIONAL MED | ICAL PROGRAM | | | |
| IS FEBRUARY 14, 1974. THIS IS | | i i | | | |
| GRANT FUNDS MAY BE EXPENDED. | VELOND HIII | VICTO IVII 3 | | | |
| | | | | | |
| 2. THE APPROVED DIRECT COST IS NO | W \$524,068 PLUS APPR | OPRIATE | | | |
| INDIRECT COSTS. AN AMENDED AWA | ARD WILL BE ISSUED F | OR THE NEW | | | |
| APPROVED BUDGET PERIOD SEPTEMBE | | | | | |
| FEBRUARY 14, 1974. | · · · · · · · · · · · · · · · · · · · | SECURITY CLASSIFICATION | | | |
| 3. FUNDS MAY BE EXPENDED AFTER 6/3 | 30/73 PAGE NO. NO. OF FGS. | | | | |
| IDARD FORM 14 | | | | | |

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| NAME OF AGEN | HIC MESSA | GE | Langer | | · · · · · · · · · · · · · · · · · · · | T-comment of topics | | | |
|--|--|--------------------|------------|------------|---------------------------------------|----------------------|--------|--|--|
| NAME OF AGE | ICY | | | DENCE | • | SECURITY CLASSIFICAT | ION | | |
| · | | • | | ION: | | | | | |
| | | • | INFO |) : | •••• | | | | |
| ACCOUNTING CLASSIFICATION | | | DATE | PREPARED | | TYPE OF MESSAGE | | | |
| FOR INFORMATION CALL | | | · | E NUMBER | | SINGLE | | | |
| NAME | NAME | | | | i | MULTIPLE-ADDRES | ss | | |
| THIS SPACE | FOR USE OF CO | OMMUNICATION UNIT | | | | | | | |
| MESSAGE TO BE TRANSMITTED (II.) | | | | | | | | | |
| MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters) TO: | | | | | | | | | |
| • | FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW: | | | | | | | | |
| | NUMBER TITLE | | | | | | | | |
| | #5 RESPIRATORY THERAPY | | | | | | | | |
| | #8 CHADRON COMMUNITY HEALTH EDUCATION CONSORTIA | | | | | | | | |
| | #9 KEARNEY COMMUNITY HEALTH EDUCATION CONSORTIA | | | | | | | | |
| | WITH THE EXCEPTION OF THE ABOVE THREE MENTIONED CONTRACTS, ALL | | | | | | | | |
| | OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY | | | | | | | | |
| | CONTRACTED MUST BE TERMINATED BETWEEN NOW AND JUNE 30. | | | | | | | | |
| 4. | FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. | | | | | | | | |
| | EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS | | | | | | | | |
| | SHOULD BE KEPT AT A MINIMUM. | | | | | | | | |
| 5. | IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE | | | | | | | | |
| | SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED | | | | | | | | |
| | ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT | | | | | | | | |
| ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT | | | | | | | | | |
| | REQUIREMENTS BY FEBRUARY 14, 1974. | | | | | | | | |
| T ADO | ur turonu | | | | | | e P | | |
| HE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE | | | | | | | | | |
| TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS SECURITY CLASSIFICATION | | | | | | | | | |
| RETENTI | ON, USE O | F GRANT-RELATED IN | COME, ETC. | | NO. OF PGS. | | | | |
| | | | | 2 | 3 | | | | |

(ELEGRAPHIC MESSAGE NAME OF AGENCY PRECEDENCE SECURITY CLASSIFICATION ACTION: INFO: ACCOUNTING CLASSIFICATION DATE PREPARED TYPE OF MESSAGE SINGLE FOR INFORMATION CALL BOOK NAME PHONE NUMBER MULTIPLE-ADDRESS THIS SPACE FOR USE OF COMMUNICATION UNIT MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters) TO: RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS. E EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE. HAROLD MARGULIES, M.D. DIRECTOR REGIONAL MEDICAL PROGRAMS SERVICE SECURITY CLASSIFICATION

PAGE NO.

3

NO. OF PGS.

3